

**TRANSMITTAL
FORM**



2857

Application Number		09/802,482
Filing Date		March 9, 2001
First Named Inventor		Wegerich
Art Unit		2857
Examiner Name		Paul L. KIM
Total Number of Pages in This Submission	1	Attorney Docket Number
		086470-9014

ENCLOSURES (check all that apply)

PETITION FOR EXTENSION OF TIME

- ☒ Amendment/Reply
- ☒ Before Final
- ☐ After Final
- ☐ Affidavits/Declarations
- ☐ Information Disclosure Statement
- ☐ PTO-1449 Form(s)
- ☐ Cited References
- ☐ Certified Copy of Priority Document
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Terminal Disclaimer
- ☐ Status Letter

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.
- ☐ Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)).
- ☐ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

- ☐ No additional claim fee is required.

					Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	21	-	23	=0	x 9=	\$	x 18=	\$--
Independent	5	-	4	=1	x 43=	\$43.00	x 86=	\$43.00
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=	\$--

ENCLOSED FEES

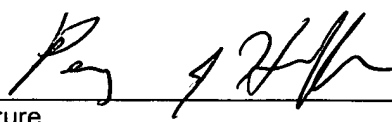
<input checked="" type="checkbox"/> Additional Claim Fee	\$ 43.00
<input type="checkbox"/> Extension fee for one-month	\$110.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$130.00
<input type="checkbox"/> Terminal Disclaimer	\$110.00
TOTAL FEES	\$ 43.00

PAYMENT OF FEES

- ☐ A check in the amount of \$ is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.
- ☐ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$

SIGNATURE OF ATTORNEY

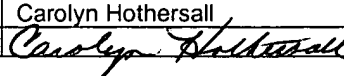
Perry J. Hoffman, Reg. No. 37,150
MICHAEL BEST & FRIEDRICH, LLC
401 North Michigan Avenue
Suite 1900
Chicago, Illinois 60611
Telephone: (312) 222-0800
Facsimile: (312) 222-0818


Signature
Date: 12-23-03

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CERTIFICATE OF TRANSMISSION/MAILING

- I hereby certify that this correspondence is:
- ☐ being facsimile transmitted to the USPTO, facsimile number
- ☒ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name: Carolyn Hothersall
Signature:  Date: 12-23-03